

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-566,827

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1		1		
4		1		1		
5		1				
6		1				
7		1				
8		1		1		
9		2				
10		2				
11		2				
12		1		1		
13		1				
14		1				
15		1		1		
16		1				
17		1				
18		1				
19		2				
20		2				
21		1				
22		1		1		
23		1				
24		1				
25		1				
26		1				
27		1				
28				1		
29	1					
30		1				
31		2		1		
32		1				
33		1				
34		1				
35		1		1		
36		1				
37		1				
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1				
44		1		1		
45		1		1		
46		1				
47		1		1		
48		1				
49		1		1		
50		1				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	54	←		←		←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			28			